

10/509633

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEYU.S. DEPARTMENT OF COMMERCE
Patent and Trademark OfficeATTORNEY DOCKET NO.:
AstraZeneca Ref.: 100467-1P US

As a below named inventor, I hereby declare that:

ARNOULD, Jean, Claude

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INDOLE DERIVATIVES HAVING ANTI-ANGIOGENETIC ACTIVITY

The specification of which:

is attached hereto; or

was filed as United States application Serial No. ____ on ____ and was amended on ____ (if applicable); or

was filed as PCT international application Number PCT/GB03/01405 on 31 March 2003 (31.03.2003) and was amended under PCT Article 19 on ____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office information which is material to the patentability of claims presented in this application in accordance with Title 37, Code of Federal Regulations Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate or Section 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

PRIOR FOREIGN APPLICATION(S):

COUNTRY (if PCT, indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
EP	02290822.2	03 April 2002 (03.04.2002)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Rec'd PCT/PTO 29 SEP 2004

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Combined Declaration for Patent Application and Power of Attorney - (Continued)
(includes Reference to PCT International Applications)

ATTORNEY DOCKET NO.:
AstraZeneca Ref.: 100467-1P US

I hereby claim the benefits under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below.

U.S. PROVISIONAL APPLICATIONS

U.S. PROVISIONAL APPLICATION NO.	U.S. FILING DATE

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) or Section 365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to the patentability of claims presented in this application in accordance with Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S.
FOR BENEFIT:

U.S. OR PCT INTERNATIONAL APPLICATIONS	STATUS (Check One)			
APPLICATION NO.	FILING DATE	PATENTED	PENDING	ABANDONED
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POWER OF ATTORNEY: As a named inventor, I hereby appoint the registered practitioners of Ropes & Gary LLP included in the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number.

Customer Number: 28120

Direct Telephone Calls To: Patricia Granahan, (617) 951-7449

N.B. RECOGNITION OF POWER OF ATTORNEY IS ENCLOSED.

CUSTOMER NUMBER - 44992.

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Combined Declaration for Patent Application and Power of Attorney - (Continued)
 (includes Reference to PCT International Applications)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1-02 FULL NAME OF SOLE OR FIRST INVENTOR	<u>ARNOULD, Jean, Claude</u>	
RESIDENCE & CITIZENSHIP	<u>Reims France</u> <i>FRX</i>	COUNTRY OF CITIZENSHIP: France ✓
POST OFFICE ADDRESS	AstraZeneca R & D Reims, Z.I. La Pompelle, BP 1050, F-51689, Reims Cedex 2, France	
FIRST OR SOLE INVENTOR'S SIGNATURE	DATE <i>Jean Claude Arnould</i> ✓ <i>10th August 2004</i>	

Listing of Inventors Continued on attached page(s): Yes No